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7590 08/22/2007 Elsa Keller, Legal Assistant Intellectual Property Department SIEMENS CORPORATION 186 Wood Avenue South Iselin, NJ 08830			EXAMINER COBANOGU, DILEK B	
			ART UNIT 3626	PAPER NUMBER
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Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Office Action Summary	Application No. 10/005,137	Applicant(s) HAMBRIGHT ET AL.	
	Examiner Dilek B. Cobanoglu	Art Unit 3626	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 07 June 2007.
- 2a) ☒ This action is **FINAL**. 2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-27 is/are pending in the application.
- 4a) Of the above claim(s) _____ is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-27 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date <u>12/05/2001</u> . | 6) <input type="checkbox"/> Other: _____ |

DETAILED ACTION

Notice to Applicant

1. This communication is in response to the amendment received on 06/07/2007.

Claims 1-5, 7-10, 12-15, 17-27 have been amended. Claims 1-27 remain pending in this application.

Specification

2. The amendment filed 06/07/2007 is objected to under 35 U.S.C. 132(a) because it introduces new matter into the disclosure. 35 U.S.C. 132(a) states that no amendment shall introduce new matter into the disclosure of the invention. The added material which is not supported by the original disclosure is as follows: Amended claims 1, 7, 9, 17 and 23 recite "employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week"; amended claim 25 recites "said reimbursement record indicates services provided to said patient within period encompassing at least one of (a) a plurality of weeks and (b) a plurality of months". Examiner did not able to find "linking records separated by a time period of up to at least a week" or "period encompassing at least one of (a) a plurality of weeks and (b) a plurality of months" within the specification as originally filed. As such, Applicant respectfully requested to clarify the above issues and to specifically point out support for the newly added limitation in the originally filed specification and claims.

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3. The specification is objected to under 35 U.S.C. 112, first paragraph, because the specification, as originally filed, does not provide support for the invention as is now claimed for the reasons given in section 2 above.
4. Applicant is required to cancel the new matter in the reply to this Office Action.

Claim Rejections - 35 USC § 112

5. The following is a quotation of the first paragraph of 35 U.S.C. 112:

The specification shall contain a written description of the invention, and of the manner and process of making and using it, in such full, clear, concise, and exact terms as to enable any person skilled in the art to which it pertains, or with which it is most nearly connected, to make and use the same and shall set forth the best mode contemplated by the inventor of carrying out his invention.

6. Claims 1-27 are rejected under 35 U.S.C. 112, first paragraph, as failing to comply with the written description requirement. The claim(s) contains subject matter, which was not described in the specification in such a way as to reasonably convey to one skilled in the relevant art that the inventor(s), at the time the application was filed, had possession of the claimed invention and for the reasons set forth in the objection to the specification above.
7. Independent claims 1, 7, 9, 17, 23 and dependent claim 25 recite limitation that is new matter, as discussed above.
8. Claims 2-6, 8, 10-16, 18-22, 24 and 26-27 incorporate the deficiencies of independent claims 1, 7, 9, 17, 23 through dependency, and are also rejected.

Claim Rejections - 35 USC § 103

11. The following is a quotation of 35 U.S.C. 103(a) which forms the basis for all obviousness rejections set forth in this Office action:

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(a) A patent may not be obtained though the invention is not identically disclosed or described as set forth in section 102 of this title, if the differences between the subject matter sought to be patented and the prior art are such that the subject matter as a whole would have been obvious at the time the invention was made to a person having ordinary skill in the art to which said subject matter pertains. Patentability shall not be negated by the manner in which the invention was made.

NOTE: The following rejections assume that the subject matter added in 06/07/2007 amendment are NOT new matter, and are provided hereinbelow for Applicant's consideration, on the condition that Applicant properly traverses the new matter objections and rejections made in sections 2-4 above in the next communication sent in response to the present Office action.

12. Claims 1-27 are rejected under 35 U.S.C. 103(a) as being unpatentable over Boyer et al. (hereinafter Boyer) (U.S. Patent No. 6,208,973 B1) in view of Hunt et al. (hereinafter Hunt) (U.S. Patent No. 5,933,809).

A. Claim 1 has been amended now to recite a method for determining payment for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

- i. employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week (Boyer; col.8, lines 7-67, col. 11, lines 19-34 and Figure 6)
- ii. receiving a first record identifying a particular service provided to a specific patient (Boyer; col. 3, lines 39-56, col. 8, lines 9-12, figure 6);

iii. in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient

- Boyer fails to expressly teach in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses a in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

iv. automatically grouping an item identifying said particular service together with an item identifying said at least one other service provided to said specific patient based on predetermined service record allocation rules (Boyer; col. 3, lines 39-56, col. 8, lines 7-24, col. 9, lines 25-33, lines 45-48);

- v. automatically creating a reimbursement record identifying grouped items (Boyer; col. 5, lines 52-56, col. 8, lines 7-24); and
- vi. calculating a reimbursement amount for said particular service and said at least one other service provided to said specific patient based on a reimbursement contract determining service grouping affects reimbursement amount (Boyer; abstract, col. 3, lines 39-56, col. 8, lines 7-24).

B. Claim 2 has been amended now to recite a method according to claim 1, including

- i. Automatically recalculating said reimbursement amount in response to receiving a second record identifying a further service provided to said specific patient

- Boyer fails to expressly teach Automatically recalculating said reimbursement amount in response to receiving a second record identifying a further service provided to said specific patient.

However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses a Automatically recalculating said reimbursement amount in response to receiving a second record identifying a further service provided to said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

- ii. wherein said step of automatically creating a reimbursement record comprises creating a reimbursement record without manual intervention from received records identifying different types of services provided to said specific patient on separate occasions (Boyer; col. 8, lines 7-24, col. 11, lines 19-34, figure 6).

C. Claim 3 has been amended now to recite a method according to claim 2, wherein said different treatment services comprise an outpatient service and an inpatient service (Boyer; col. 6, lines 23-28, col. 11, lines 19-34, figure 6).

D. Claim 4 has been amended now to recite a method according to claim 1, wherein

- i. Said record repository links a plurality of different encounters of a plurality of different patients (Boyer; col. 11, lines 19-34, figure 6) and
- ii. In response to receiving said first record automatically searching said record repository for a record indicating at least one other service provided to said specific patient and a different patient and
 - The obviousness of modifying the teaching of Boyer to include the In response to receiving said first record automatically searching

said record repository for a record indicating at least one other service provided to said specific patient (as taught by Hunt) is as addressed above in the rejection of claim 1 and incorporated herein.

- Also, Boyer discloses a record indicating at least one service provided to a different patient (Boyer; col. 11, lines 19-34, figure 6).

iii. Automatically grouping an item identifying said particular service together with an item identifying said at least one other service in response to identifying linked records of said specific patient and said different patient

- Boyer fails to expressly teach automatically grouping an item identifying said particular service together with an item identifying said at least one other service in response to identifying linked records of said specific patient. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses a Automatically grouping an item identifying said particular service together with an item identifying said at least one other service in response to identifying linked records of said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as

disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

Boyer teaches "records of said different patient" in col. 11, lines 19-34 and in figure 6 and

iv. said predetermined service record allocation rules comprise rules in a reimbursement contract (Boyer; col. 8, lines 7-24).

E. Claim 5 has been amended now to recite a method according to claim 1, wherein

i. said reimbursement contract comprises a healthcare policy covering said specific patient (Boyer; col. 8, lines 7-67)

ii. automatically analyzing data representing said reimbursement contract to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said item identifying said particular service together with said item identifying said at least one other service

- Boyer fails to expressly teach automatically analyzing data representing said reimbursement contract to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said item identifying said particular service together with said item identifying said at least

one other service. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses automatically analyzing data representing said reimbursement contract to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said item identifying said particular service together with said item identifying said at least one other service (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

F. As per claim 6, Boyer discloses a method according to claim 1 implemented as a program of instructions contained on a storage medium and executable by a machine (Boyer; col. 9, lines 53-67).

G. Claim 7 has been amended now to recite a user interface supporting a method for determining payment for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

- i. employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving

different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week (Boyer; col.8, lines 7-67, col. 11, lines 19-34 and Figure 6);

- ii. receiving a first record identifying a particular service provided to a specific patient (Boyer; col. 3, lines 39-56, col. 8, lines 9-12, figure 6);
- iii. in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient;

- Boyer fails to expressly teach in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses a in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific patient (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

iv. generating a first user selectable menu icon for initiating display of a reimbursement record, said reimbursement record showing (Boyer; col. 8, lines 7-24, col. 12, lines 37-46, col. 14, lines 22-44)

data indicating automatically grouped items including an item identifying said particular service provided to said specific patient together with an item identifying said at least one other service provided to said specific patient based on predetermined service record allocation rules (Boyer; col. 9, lines 25-33, lines 53-57, col. 11, lines 19-34, figure 6); and

v. automatically calculating reimbursement amounts for said identified provided service and said other service provided to said specific patient based on a reimbursement contract (Boyer; abstract, col. 8, lines 7-24).

H. Claim 8 has been amended now to recite a method according to claim 7, including the steps of

vii. automatically recalculating said reimbursement amount in response to receiving further records identifying corresponding further services provided to said specific patient, for individual records of said further records one record at a time, in response to automatically grouping items representing said further services with said particular service (Boyer; abstract, col. 3, lines 39-56, col. 8, lines 7-67, col. 11, lines 19-34)

ii. generating a second user selectable menu icon for initiating display of a bill including said reimbursement amount for said provided service and said other service (Boyer; col. 8, lines 7-24).

I. Claim 9 has been amended now to recite a method for use in billing for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

- i. employing a record repository for linking a plurality of different encounters and associated service records of a patient involving receiving different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week (Boyer; col.8, lines 7-67, col. 11, lines 19-34 and Figure 6);
- ii. receiving a first record identifying a particular service provided to an entity (Boyer; col. 3, lines 39-56, col. 8, lines 9-12, figure 6);
- iii. automatically applying predetermined allocation rules for providing a reimbursement record indicating a group of services to be billed together on a single bill, said group of services having been provided to said entity (Boyer; col. 8, lines 9-15, col. 9, lines 25-33, lines 45-48), by, in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific entity and linked to said particular service;
 - The obviousness of modifying the teaching of Boyer to include in response to receiving said first record, automatically searching said record repository for a record indicating at least one other service provided to said specific entity and linked to said particular service

(as taught by Hunt) is as addressed above in the rejection of claim 1 and incorporated herein.

- iv. updating said reimbursement record to incorporate a record item representing said at least one other service (Boyer; col. 8, lines 43-55, col. 10, lines 53-57);
- v. calculating a reimbursement amount for said particular service based on predetermined reimbursement rules (Boyer; col. 8, lines 7-24); and
- vi. preparing a bill including said group of services and comprising said particular service and said at least one other service for communication to a payer (Boyer; col. 11, lines 19-34, Figure 6).

J. Claim 10 has been amended now to recite a method according to claim 9, including

- i. automatically calculating a reimbursement amount for said bill, in response to receiving further records identifying corresponding further services provided to said specific entity for individual records of said further records, one record at a time, in response to automatically grouping items representing said further services with said particular service (Boyer; abstract, col. 3, lines 39-56, col. 7, lines 21-30, col. 11, lines 19-34) wherein
- ii. said predetermined allocation rules comprise rules for determining said particular service as well as said group of services qualify for

reimbursement under a single reimbursement contract (Boyer; col. 6, lines 48-55).

K. As per claim 11, Boyer discloses a method according to claim 9, wherein said predetermined allocation rules comprise rules in a reimbursement contract (Boyer; col. 8, lines 7-24).

L. Claim 12 has been amended now to recite a method according to claim 9, wherein said predetermined allocation rules identify a reimbursement record to incorporate a record item representing said particular service based on the type of said particular service (Boyer; col. 8, lines 7-24).

M. Claim 13 has been amended now to recite a method according to claim 12, wherein said type of said particular service comprises an inpatient service (Boyer; col. 6, lines 23-28, col. 12, lines 6-11).

N. Claim 14 has been amended now to recite a method according to claim 9, including the step of identifying and prioritizing at least one of (a) reimbursement contracts and (b) policies, comprising predetermined reimbursement rules and selecting said predetermined reimbursement rules from said prioritized and identified predetermined reimbursement rules for calculating reimbursement for said particular service (Boyer; col. 8, lines 7-24).

O. Claim 15 has been amended now to recite a method according to claim 9, wherein said reimbursement record indicates said group of services are reimbursable according to rules in a single reimbursement contract and including the step of automatically determining whether said particular service is also

reimbursable according to rules in said single reimbursement contract (Boyer; col. 8, lines 7-24).

P. As per claim 16, Boyer discloses a method according to claim 9, wherein said specific entity comprises a patient and including the step of searching for other services also provided to said specific entity (Boyer; col. 8, lines 56-67).

Q. Claim 17 has been amended now to recite a method for determining payment for provision of multiple different services based on predetermined reimbursement rules, comprising the steps of:

- i. The first three steps of claim 17 repeat the same limitations as claim 1, therefore are rejected for the same reasons given above in the rejection of claim 1, and incorporated herein.
- iv. automatically determining whether said particular service as well as said additional service provided to said specific patient qualify for reimbursement under a single reimbursement contract (Boyer; col. 8, lines 7-24);
- v. automatically creating a record indicating said particular service and additional service provided to said specific patient qualify for reimbursement under a single reimbursement contract (Boyer; col. 8, lines 7-24); and
- vi. calculating a reimbursement amount for said particular service and additional service provided to said specific patient based on said single reimbursement contract (Boyer; col. 8, lines 7-24) and

vii. automatically calculating a reimbursement amount, in response to receiving further records identifying corresponding further services provided to said specific patient for individual records of said further records, one record at a time, in response to automatically determining said further services are to be grouped with said particular service for reimbursement under said dingle reimbursement contract (Boyer; abstract, col. 3, lines 39-56, col. 8, lines 7-67, col. 11, lines 19-34)

- The obviousness of modifying the teaching of Boyer to include automatically determining said further services are to be grouped with said particular service for reimbursement under said dingle reimbursement contract (as taught by Hunt) is as addressed above in the rejection of claim 1 and incorporated herein.

R. Claim 18 has been amended now to recite a method according to claim 17, including the step of preparing a bill including said reimbursement amount for said particular service and additional service for communication to a payer (Boyer; col. 11, lines 19-34, Figure 6).

S. Claim 19 has been amended now to recite a method according to claim 17, wherein said specific patient comprises a patient (Boyer; col. 8, lines 56-67).

T. Claim 20 has been amended now to recite a method according to claim 17, including the steps of identifying and prioritizing at least one of, (a) reimbursement contracts and (b) policies associated with reimbursement contracts, applicable for reimbursing for said particular service and additional

service and selecting said single reimbursement contract from one of, (i) said prioritized reimbursement contracts and (ii) said reimbursement contracts associated with said prioritized policies (Boyer; col. 8, lines 7-67).

U. Claim 21 has been amended now to recite a method according to claim 17, including the step of searching for other services also provided to said specific patient (Boyer; col. 8, lines 56-67).

V. Claim 22 has been amended now to recite a method according to claim 17, including the step of sorting said particular service and additional service by date service is performed (Boyer; col. 11, lines 19-34, Figure 6).

W. Claim 23 has been amended to now recite a method for determining payment for provision of multiple different services to a patient based on predetermined reimbursement rules, comprising the steps of:

- i. The first three steps of claim 23 repeat the same limitations as claim 1, therefore are rejected for the same reasons given above in the rejection of claim 1, and incorporated herein.
- i. automatically determining whether said particular service as well as said at least one other service provided to said specific patient qualify for grouped reimbursement under a single reimbursement contract (Boyer; col. 8, lines 7-24);
- ii. updating said reimbursement record to incorporate a record item representing said particular service in response to determination of said qualification (Boyer; col. 10, lines 53-57); and

iii. calculating a reimbursement amount for said particular service and at least one other service provided to said specific patient based on said single reimbursement contract (Boyer; col. 10, lines 7-24).

X. Claim 24 has been amended to now recite a method according to claim 23, including the steps of

i. automatically analyzing data representing said reimbursement contract associated with said specific patient to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said particular service and said least one other service for reimbursement and

- Boyer fails to expressly teach automatically analyzing data representing said reimbursement contract associated with said specific patient to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said particular service and said least one other service for reimbursement. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses automatically analyzing data representing said reimbursement contract associated with said specific patient to identify rules to be used in grouping services for reimbursement and automatically applying identified rules in grouping said particular service and said least one other service

for reimbursement (Hunt; col. 3, lines 14-19, col. 5, lines 22-30, col. 7, lines 31-38).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of to determine whether reimbursement must be made for the claims (Hunt; col. 7, lines 31-38).

- ii. preparing a bill including said reimbursement amount for said identified service and said at least one other service for communication to a payer (Boyer; col. 11, lines 19-34, Figure 6).

Y. Claim 24 has been amended to now recite a method according to claim 23, wherein

- i. said reimbursement record indicates services provided to said patient within a period encompassing a plurality of weeks, and wherein said updating step comprises (Boyer; col. 11, lines 19-34, Figure 6);
- ii. updating said reimbursement record to incorporate said record item representing said particular service in response to determination said particular service was provided within said specific period (Boyer; col. 10, lines 53-57, col. 11, lines 19-34, figure 6).

Z. Claim 26 has been amended now to recite a method according to claim 23, including the step of automatically grouping said particular service provided to said specific patient with said at least one other service provided to said specific

patient based on (a) date of service, (b) patient identifier (Boyer; col. 11, lines 19-34, Figure 6).

AA. Claim 27 has been amended now to recite a method according to claim 23, including the step of determining said particular service as well as said at least one other qualify for reimbursement under a single reimbursement contract.

- Boyer fails to expressly teach determining said particular service as well as said at least one other qualify for reimbursement under a single reimbursement contract. However, this feature is well known in the art, as evidenced by Hunt.

In particular, Hunt discloses determining said particular service as well as said at least one other qualify for reimbursement under a single reimbursement contract (Hunt; col. 7, lines 31-38, lines 47-54).

It would have been obvious to one having ordinary skill in the art at the time of the invention to include the aforementioned limitation as disclosed by Hunt with the motivation of indicate the payees and amounts of refunds generated for erroneously billed (Hunt; col. 3, lines 14-19).

Response to Arguments

13. Applicant's arguments filed 06/07/2007 have been fully considered but they are not persuasive. Applicant's arguments will be addressed below in the order in which they appear.

A. In response to Applicant's argument about Boyer does not disclose "employing a record repository for linking a plurality of different treatment services at different healthcare provider facilities on different occasions separated by a time period of up to at least a week"; Examiner respectfully submits that Boyer teaches in figure 6 and col. 11, lines 19-34, col. 8, lines 7-67 that the rules processor decides whether a healthcare transaction is reimbursable and price the amount of reimbursement based on the healthcare transaction or claim received from the Clinical Pathways Database 34, and explanation of benefits can be seen in figure 6; in this statement plurality of different encounters and associated service records of a patient involving receiving different treatment services (telephone call, initial consult, out-patient services, office visit etc.) at different healthcare facilities on different occasions (doctor visit/initial consult, collect venous blood sample, Princeton medical center/outpatient services) separated by a time period of up to at least a week (10/24/97 and 11-06/97).

B. In response to Applicant's argument about Boyer does not disclose "said different treatment services comprise an outpatient service and an inpatient service"; Examiner respectfully submits that Boyer teaches in figure 6 that a listing of inpatient and outpatient services.

C. In response to Applicant's argument about Boyer does not disclose "said reimbursement contract comprises healthcare policy covering said specific patient"; Examiner respectfully submits that Boyer teaches in col. 8, lines 4-67

that rules processor decides whether a healthcare transaction is reimbursable and the price the amount of the reimbursement in accordance with the rules of engagement set forth in Policy Database32.

D. In response to Applicant's argument about Boyer does not disclose "user interface"; Examiner respectfully submits that Boyer teaches an Interactive Claim Submission Interface which provides a live data validation and screening in col. 14, lines 22-44.

E. In response to Applicant's argument about Boyer does not disclose "preparing a bill including said reimbursement amount for said particular service and additional service for communication with a payer"; Examiner respectfully submits that Boyer discloses an explanation of benefits (EOB) statement, which states the healthcare transactions for each member of the family covered by the healthcare policy in col. 11, and figure 6 states reimbursement amounts for each particular service, Boyer also teaches in col. 7, lines 22-30 that an Adjudicated Settlement Transaction (AST) bills the third party payer and the patient.

F. In response to Applicant's argument about Boyer does not disclose "a reimbursement record indicates services provided to said patient within a period encompassing a plurality of weeks"; Examiner respectfully submits that as can be seen in figure 6 that Boyer teaches reimbursement records (healthcare transactions with amount billed, allowed, deductible, co-ins., co-pay, excluded expenses) for plurality of dates which are weeks apart (10/24/97 to 11/10/97).

Conclusion

14. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

15. A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

16. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Dilek B. Cobanoglu whose telephone number is 571-272-8295. The examiner can normally be reached on 8-4:30.

17. If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

18. Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should

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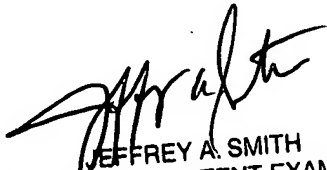
you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

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08/13/2007


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